

**HAZARDOUS WASTE SECTION - COMPLIANCE BRANCH – FINANCIAL ASSURANCE
FILE TRANSMITTAL & DATA ENTRY FORM**

Your Name: JENNY W. LOPP

Facility ID Number: NCD980842132

Facility Name: Ecoflo, Inc.

Document Group: FINANCIAL (F)

Document Type: FINANCIAL RECORD REVIEW (FRR)

File Description/Comments: Reviewed certificate of liability insurance.

Date of Document: 6/14/2016

Author(s) of Document: JENNY W. LOPP

Inspector Name: JENNY W. LOPP

Suborganization:

County (if not on report): Guilford

FINANCIAL ASSURANCE EVALUATION DATA

New: ☒

Change:

Delete:

REASON: FINANCIAL RESPONSIBILITY

VIOLATION TYPE: _____ **DATE DETERMINED:** [Click here to enter a date.](#)

BRANCH:

PERSON:

SCHEDULED RETURN TO COMPLIANCE: [Click here to enter a date.](#)

ACTUAL RETURN TO COMPLIANCE: [Click here to enter a date.](#)

REGULATION TYPE:

REGULATION DESCRIPTION:

ENFORCEMENT COMMENTS: